

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN657HOS1</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENOWN REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1495 MILL ST RENO, NV 89502</b>		
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 2/3/10 and finalized on 3/3/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024371 was substantiated with a deficiency cited. See Tag S 300.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 300 SS=G	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.</p>	S 300	<p>Tag S 300</p> <p><i>What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice?</i></p> <p>The patients identified had been discharged from this facility at the time the State Survey Report was received and it is not possible to address those particular patients identified in the state notification.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Vice President*  
TITLE

(X6) DATE

*4/11/2010*

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S 300	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to provide direct supervision to a patient at high risk for fall for 1 of 3 patient records reviewed. (Patient #1)</p> <p>The patient was admitted to the hospital on 8/26/09 following a left above the knee amputation. His diagnoses included severe peripheral vascular disease, chronic obstructive pulmonary disease, history of alcohol abuse, hypertension, anxiety, emotional lability, cachexia and depression.</p> <p>Record review revealed the patient's care plan dated 8/26/09, identified him as being at high risk for injury due to impaired judgement, impaired mobility, impaired coordination and decreased sensation. The interventions identified on the care plan to prevent injury were to educate the patient regarding safety precautions, safety device precautions, safe transfer methods and reinforce the use of appropriate measures to compensate for the client's physical or cognitive deficits.</p> <p>Review of the nurses flow sheets on 8/31/09, revealed the patient was alert, awake but disoriented to time and situation on 8/31/09 at 8:10 AM. The note indicated the patient was very weak and unable to ambulate. He was described as being a high fall risk. A low bed was provided for him, upper bed rails and a bed and chair alarm. His room was close to the nurses station. He had been placed on the Falling Star program.</p> <p>Review of records from 9/1/10 at 10:10 PM revealed the patient continued to be confused to</p>	S 300	<p><b><i>How will you identify other patients having the potential to be affected by the same practice and what anticipated corrective action will be taken:</i></b></p> <p>All patients have the potential to be affected by the practice. Measures that will be taken include initiating and continuing the following practices to address the safety needs of patients regarding falls and potential injury:</p> <p><b>A.</b> Development and initiation of High Risk Fall Screening to identify patients needing 1:1 care by April 1, 2010. Documentation on the screening tool consists of identification of: criteria and interventions along with documentation of times when attempts are made to contact off-duty staff, agency staff and family to sit with patients needing 1:1 care. The documentation will be placed in patient's medical record. Patients who have 1:1 screenings will be listed on the 24 Hour Charge Nurse Report. <b>EXHIBIT A.</b></p> <p><b>B.</b> Development and initiation of Patient Fall Prevention Guidelines and Audit tool by April 1, 2010. Charge Nurses will check Patient Fall Prevention Audit each shift and compare with Census identifying patients with fall risk (identified by star or asterisk on daily census). Fall Prevention Audit tool will be completed for items listed (e.g., ID sticker, fall protocol in place, updated care plan and time voids). The Audit tool will be kept in a binder in the Charge Nurse Office and turned in to the Nurse Manager monthly. <b>EXHIBIT B.</b></p> <p><b>C.</b> Development and initiation of Daily Safety Intervention Log by April 1, 2010. Each shift the Certified Nursing Assistant (CNA) will complete a log for all patients assigned. Environmental safety rounds will be performed each shift regarding items on the log. If fall safety precautions are not met, then the CNA will notify the Nurse Manager or Charge Nurse immediately. <b>EXHIBIT C.</b></p>	

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S 300	<p>Continued From page 2</p> <p>time and situation. He remained at high risk for falls. He was described as impulsive with poor safety awareness. His upper side rails were in use.</p> <p>Nurses notes written on 9/2/09, revealed that the patient had slept poorly between 11 PM on 9/1/10 and 3 AM on 9/2/10. The patient was disoriented to time and situation and continually asked why he was missing breakfast. The note revealed the patient tried to get out of bed several times during that period of time. The patient was documented to have learned how to turn off the bed alarm and was found out of bed without the alarm sounding. The alarms were put back on and the call light was placed within reach.</p> <p>On 9/2/09 at 5 AM, the patient was found on the floor five feet from his bed. The alarms were turned off again. The patient was disoriented to time and situation. According to the patient's discharge summary of 12/28/09, the patient was found to have a fractured right hip and dehiscence of the left stump with the femur bone protruding following the fall.</p> <p>On 2/5/10, Registered Nurse (RN) #1 was interviewed. She was the nurse responsible for the patient's care on 9/1/09 and 9/2/09. She reported the patient was restless that night and very confused. She stated he learned how to turn the bed alarm off so she moved the alarm as far from him as she could but acknowledged the alarm cord was still in the patient's reach. She placed the call light over his chest. She stated that staff increased the patient's monitoring to every 30 minutes.</p> <p>RN #1 reported the patient calmed down</p>	S 300	<p><b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b></p> <p>D. On the day of the event (9/02/10), no staff or agency staff was available to come in to provide 1:1 coverage for the patient who sustained a fall. The Nurse Manager and Nursing Supervisor positions were vacant at the time; however, an interim Nurse Manager started 9/14/09, and a permanent Nurse Manager started on 10/29/09. Once the permanent Nurse Manager started, a retrospective review (see Exhibit D, p. 3-6) of nursing staff was done with subsequent increases in the hours per patient day (HPPD) to 7.45. Therefore, the nurse manager hired additional nursing staff (licensed and unlicensed). At the time of the event, the allotted HPPD were 5.43; however, nurse staffing exceeded the allotted HPPD on the day of the event (see Exhibit D, p. 2 of 6). <b>EXHIBIT D.</b></p> <p>E. During the period when the event occurred, the Rehab Hospital nursing staff was completing implementation of the POC item regarding nurse staffing from the June 2009 State Licensure Survey. The training was used for assignment of nursing staff according to the Patient Intensity of Needs (PIN) System to address the staffing deficiency (See PIN policy Rehab.NSG.601). <b>EXHIBIT E.</b></p> <p>F. An example of staff assignments according to the PIN system is attached. Page 1 of 10 shows assignments prior to PIN assessment. Pages 2 - 6 show the PIN system printout for patients. Page 6 shows the staffing schedule according to the PIN system (highlighted) on pages 7-10. <b>EXHIBIT F.</b></p>		

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S 300	<p>Continued From page 3</p> <p>sometime after 3:00 AM and staff were in the patient's room just 20 minutes prior to the fall. She reported trying to call in an extra staff member in to sit with the patient earlier during her shift but no one was available. She reported that she did not think of getting the patient out of bed so he could be monitored at the nurses station.</p> <p>In a 2/5/10 interview with the Quality Assurance Director, she confirmed staff's attempts to obtain a worker to sit with the patient. She reported that no staff were available to sit with the patient. She did not know if the family was contacted to sit with the patient. She reported that the facility was a restraint free facility and did not use full rails or tie patients down. Staffing on the night of the fall included one charge nurse, two Registered Nurses and three Certified Nursing Assistants for 28 patients.</p> <p>Review of the facility's policy and procedure entitled "Fall Risk Assessment" effective date 3/11/09, revealed that patient safety was an ongoing responsibility of all staff. In order to prevent injury, the RN was to assess the patient risk for falls and institute appropriate interventions.</p> <p>Findings: The complaint is substantiated with a deficiency cited. The facility was aware of the patient's ability to turn of the bed alarm, he got out of bed once and made multiple attempts to get out of bed prior to his fall. Staff acknowledged the patient's need for direct supervision by attempting to arrange for a staff member to sit with the patient. The patient did not receive direct supervision, fell , fractured his right hip and his wound dehiscd.</p>	S 300	<p><b>G. The Rehab Hospital initiated weekly Fall Prevention Team Council meetings on 10/6/09. Currently, the team meets on the first and third Tuesday of each month. Members include representatives of therapy, nursing, pharmacy, risk management, quality and patient safety, administration, activities and physicians. Falls are reviewed along with discussion and interventions for prevention of falls. Active participation from all departments has helped implement measures on reducing falls, especially falls with injury. Minutes of the first and last meetings of the Fall Prevention Team council are attached. EXHIBIT G.</b></p> <p><b>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</b></p> <ol style="list-style-type: none"> <li>1. Charge Nurse will review High Risk Fall patients each shift and perform screening for 1:1 patient staffing along with staffing according to PIN guidelines. (Exhibit A)</li> <li>2. Charge Nurse will complete Patient Fall Prevention Audit each shift . (Exhibit B)</li> <li>3. Nurse Manager or Charge Nurse will review Daily Safety Intervention Log each shift and address issues, immediately. (Exhibit C)</li> <li>4. Nurse Manager will review 24 hour Charge Nurse Report for falls and 1:1 patient staffing. (Exhibit A)</li> <li>5. Quality Consultant will review falls reported at least every 2-3 days and report to the Rehab Hospital's Fall Prevention Team Council, Quality Guidance &amp; Patient Safety Committee and the Medical Staff Quality Improvement Committee, monthly.</li> </ol> <p style="text-align: right;"><b>RECEIVED</b></p>	

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S 300	Continued From page 4 Severity: 3 Scope: 1	S 300	<p>6. Nurse Manager will ensure that education and in-services for items in POC is completed by staff by 4/30/10.</p> <p><b>Individual Responsible:</b> Nurse Manager</p> <p><b>Date of Initiation POC:</b> 4/01/10</p> <p><b>Date of Completion:</b> 4/30/10</p> <p>TAG S 300 EXHIBIT A</p> <p>TAG S 300 EXHIBIT B</p> <p>TAG S 300 EXHIBIT C</p> <p>TAG S 300 EXHIBIT D</p> <p>TAG S 300 EXHIBIT E</p> <p>TAG S 300 EXHIBIT F</p> <p>TAG S 300 EXHIBIT G</p>	

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